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REMARKS

Applicant thanks Examiner Rimell for a helpful telephone interview with the undersigned. In that interview, the Examiner acknowledged that at least the amendments to claims 24 and 26 would overcome the outstanding rejection.

All claims were rejected under 35 U.S.C. 103 as being unpatentable over Dorne in view of Ballantyne et al. That rejection is respectfully traversed and reconsideration is requested.

Each of claims 18-22 and 24-30 now recites that the patient list displayed on the handheld device is sorted by patient location. For that feature, the Examiner referred to Figures 2C and 2D of Dorne. It was stated that "the list of patients shown in Fig. 2D are sorted according to their last name, so the list can be said to be sorted according to the location of the patients last name on the overall list of patients."

It is respectfully submitted that the Examiner has used an interpretation of the term "patient location" which is inconsistent with the use of the term in the specification. It is clear from a reading of the patent application as a whole that the term patient location refers literally to the location of the patient and not the location of the patient's name. Patient location is distinct from patient name. See for example Figure 3 (Loc. 54); page 9, line 24; page 11, lines 2 and 10; and page 12, lines 4 and 14. In view of the specification, patient location cannot be interpreted as location of a patient's name within an overall list of patients.

To more explicitly define patient location, the term "in the hospital" has been added to page 4 and to each independent claim. Support for that phrase can be found in the provisional application 60/100,333, incorporated by reference into this application, at page 6.

Because there has been no suggestion in any of the prior art of sorting a list of patients by the locations of the patients in the hospital, it is respectfully requested that the rejection of the pending claims 18-22 and 24-30 be withdrawn.

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Claim 9 has been amended to make it clear that the billing code changes that are flagged are in updating pre-existing guidelines. Support for the amendment to claim 9 and the second paragraph of page 4 of the specification can be found in the priority application 60/093,446 at page 18, first and second columns, and priority application 60/100,333 at page 33.

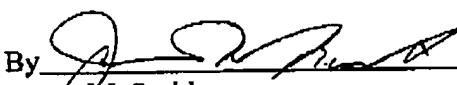
Because some of the cited references suggest flagging guideline updates, claims 9, 12-15, 18 and 23 should be allowable.

CONCLUSION

In view of the above amendments and remarks, it is believed that all claims are in condition for allowance, and it is respectfully requested that the application be passed to issue. If the Examiner feels that a telephone conference would expedite prosecution of this case, the Examiner is invited to call the undersigned.

Respectfully submitted,

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